

Lorazepam

This sheet is about exposure to lorazepam in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

What is lorazepam?

Lorazepam is a medication that has been used to treat anxiety and insomnia (trouble falling and/or staying asleep). It has also been used to treat seizures and alcohol withdrawal syndrome. Some brand names for lorazepam are Ativan® and Loreev®. Lorazepam belongs to the class of medication known as benzodiazepines.

Sometimes when people find out they are pregnant, they think about changing how they take their medication, or stopping their medication altogether. However, it is important to talk with your healthcare providers before making any changes to how you take this medication. The product label for lorazepam recommends people who are pregnant not to use this medication in the first trimester. But the benefit of using lorazepam might outweigh possible risks. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy. Studies have shown that when anxiety is left untreated during pregnancy, there can be a higher chance for pregnancy complications such as preterm delivery and/or low birth weight. MotherToBaby has a fact sheet on anxiety at <https://mothertobaby.org/fact-sheets/anxiety-fact/>. Some people have physical symptoms (called withdrawal) when they suddenly stop taking lorazepam.

I take lorazepam. Can it make it harder for me to become pregnant?

It is not known if lorazepam can make it harder to become pregnant.

Does taking lorazepam increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. There is one study looking at the class of benzodiazepine medication, including lorazepam. This study suggested an increased chance for miscarriage between 6 and 20 weeks of pregnancy when a benzodiazepine medication was used in pregnancy. Because the data is limited to this one study, it is not known if lorazepam could increase the chance for miscarriage.

Does taking lorazepam increase the chance of birth defects?

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Lorazepam has not been well studied for use in pregnancy. Based on the studies reviewed, it is unlikely that lorazepam significantly increases the chance of birth defects. One study found a possible association with anal atresia (bottom of the intestinal tract is closed off), and another study found an increased chance of pulmonary valve stenosis (abnormal development of the baby's heart). There have been 2 studies that did not find an increased chance of birth defects with the use of lorazepam.

Does taking lorazepam in pregnancy increase the chance of other pregnancy related problems?

Some studies have suggested a higher chance of preterm deliveries (birth before week 37) and low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth) in infants that were exposed to lorazepam in the second half of pregnancy. However, not all studies found a higher chance for these pregnancy complications. It is possible that other factors, not lorazepam, caused these complications.

I need to take lorazepam throughout my entire pregnancy. Will it cause withdrawal symptoms in my baby after birth?

The use of lorazepam near the time of delivery could cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. Symptoms can include irritability, crying, sleep disturbances, tremors, jitteriness, trouble breathing, or muscle weakness. Not all babies exposed to lorazepam will have these symptoms. If symptoms develop, they usually go away within a few weeks as the medication leaves the baby's system. These symptoms are not known to have any long-term effects for the baby. Let your healthcare providers know you are taking lorazepam so that if withdrawal symptoms occur your baby can get the care that is best for them.

Does taking lorazepam in pregnancy affect future behavior or learning for the child?

Studies have not been done to see if lorazepam can cause behavior or learning issues for the child.

Breastfeeding while taking lorazepam:

Lorazepam gets into breastmilk in low levels. No negative effects were found in studies of children exposed through breastmilk. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

If a male takes lorazepam, can it affect fertility (ability to get a partner pregnant) or increase the chance for birth defects?

An increased chance of reduced fertility or birth defects is not expected when a male takes lorazepam. In general, exposures that fathers or sperm donors have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet on Paternal Exposures at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

Selected References:

- Bonnot O, et al. 2001. Maternal exposure to lorazepam and anal atresia in newborns: results from a hypothesis-generating study of benzodiazepines and malformations. *J Clin Psychopharmacol* 21(4):456-458.
- Brandisuten RE, et al. 2017. Association of prenatal exposure to benzodiazepines and child internalizing problems: A sibling-controlled cohort study. *PLoS ONE* 12(7):e0181042.
- Calderon-Margalit R, et al. 2009. Risk of preterm delivery and other adverse perinatal outcomes in relation to maternal use of psychotropic medications during pregnancy. *Am J Obstet Gynecol* 201(6):579.e1-579.e8.
- Iqbal MM, et al. 2002. Effects of commonly used benzodiazepines on the fetus, the neonate and the nursing infant. *Psychiatr Serv* 53(1):39-49.
- Kargas GA et al. 1985. Perinatal mortality due to interaction of diphenhydramine and temazepam. *N Eng J Med* 313:1417-1418.
- Kelly LE, et al. 2012. Neonatal Benzodiazepines Exposure during Breastfeeding. *J Pediatr* 161(3):448-451.
- Nishimura A, et al. 2021. Benzodiazepine Concentrations in the Breast Milk and Plasma of Nursing Mothers: Estimation of Relative Infant Dose. *Breastfeed Med*;16(5):424-431.
- Noh Y, et al. 2022. First-trimester exposure to benzodiazepines and risk of congenital malformations in offspring: A population-based cohort study in South Korea. *PLoS Med*; 19(3):e1003945.
- Oberlander TF, et al. 2008. Major congenital malformations following prenatal exposure to serotonin reuptake inhibitors and benzodiazepines using population-based health data. *Birth Defects Res B Dev Reprod Toxicol* 83(1):68-76.
- Ornoy A, et al. 1998. Is benzodiazepine use during pregnancy really teratogenic? *Reprod Toxicol* 12(5):511-515.
- Viggedal G, et al. 1993. Mental development in late infancy after prenatal exposure to benzodiazepines-prospective study. *J Child Psychol Psychiatry* 34(3):295-305.
- Sheehy, O. et al. 2019. Association Between Incident Exposure to Benzodiazepines in Early Pregnancy and Risk of Spontaneous Abortion. *J of the Am Med Assoc Psychiatry* 76(9):948-957.
- Tinker, S. et al. 2019. Use of benzodiazepine medications during pregnancy and potential risk for birth defects, National Birth Defects Prevention Study, 1997–2011. *Birth Defects Res Jun* 1;111(10):613-620..